

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC (Name)

	0572 ,057 ent Period) ,(Prior Pe		pany Code11557	Employer's ID Number	47-2582248		
Organized under the Laws or	f	/ //ichigan	, State of Domicile	e or Port of Entry	Michigan		
Country of Domicile			United States				
Licensed as business type:	Life, Accident & Health [Dental Service Corporat Other []	ion [] Vision S	y/Casualty [] Service Corporation [] O, Federally Qualified? Yo	· ·	,		
Incorporated/Organized	12/18/20		Commenced Business		2003		
Statutory Home Office		n Center, Suite 1300 reet and Number)	,	Southfield, MI, US (City or Town, State, Country a			
Main Administrative Office			200 Stevens D (Street and Numb				
	elphia, PA, US 19113 n, State, Country and Zip Code)			215-937-8000 (Area Code) (Telephone Number)			
Mail Address	4000 Town Center, (Street and Number or		,	Southfield, MI, US 4807 (City or Town, State, Country and Zi			
Primary Location of Books a	,		200 \$	Stevens Drive	,,		
•	•			eet and Number)			
	elphia, PA, US 19113 /n, State, Country and Zip Code)		(Ar	215-937-8000 ea Code) (Telephone Number) (Extensi	on)		
Internet Web Site Address			MiBlueCrossComplete		,		
Statutory Statement Contact	F	Purvis Bell		248-663-7329			
	ibluecrosscomplete.com (E-Mail Address)	(Name)	(Area Code) (Telephone Number) (Extension) 248-663-7475 (Fax Number)				
Name Michael John Burgoyr Rebecca Jane Engelm		Title Freasurer President	Robert Edward To	e ootle, Esquire, ,	Title Secretary		
Eileen Mary Coggins Cathy Ann Flowers #		DIRECTORS a Jane Engelman	OR TRUSTEES Tricia Ann		nda Marie Rossi		
	PennsylvaniaPhiladelphia	SS					
above, all of the herein describe that this statement, together wit liabilities and of the condition an and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	d assets were the absolute he related exhibits, scheduled affairs of the said reporting ordance with the NAIC Annus or regulations require differly. Furthermore, the scope copy (except for formatting	oroperty of the said reposes and explanations there is entity as of the reporting all Statement Instruction rences in reporting not rof this attestation by the	orting entity, free and clear frein contained, annexed or rug period stated above, and so and Accounting Practices are lated to accounting practice described officers also inclu	f said reporting entity, and that on om any liens or claims thereon, ex- eferred to, is a full and true state of its income and deductions there ind <i>Procedures</i> manual except to the as and procedures, according to the des the related corresponding elect statement. The electronic filing manual examples to the statement of the statement o	scept as herein stated, and ment of all the assets and efrom for the period ended, he extent that: (1) state law he best of their information, ctronic filing with the NAIC,		
Michael John Treasu			ard Tootle, Esquire ecretary	Rebecca Jan Presi			
Subscribed and sworn to beday of	efore me this February, 2022		b. If 1. 2.	s this an original filing? no: . State the amendment number . Date filed . Number of pages attached	Yes [X] No []		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Nove of Politics	2	3	4	5	6 Nanadanittad	/ ^				
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted				
0199999 Total individuals		-								
Group subscribers:										
		·								
			ļ							
0299997 Group subscriber subtotal	L 0	0]0	J0	0	J0				
0299998 Premiums due and unpaid not individually listed	ļ	.	ļ			 				
0299999 Total group	L 0	0	0	ļ0	0] 0				
0399999 Premiums due and unpaid from Medicare entities			ļ							
0399999 Premiums due and unpaid from Medicare entities	0	22,181,335		0	0	22,181,335				
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	22,181,335	0	0	0	22,181,335				

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
O199998 - Aggregate of amounts not individually listed above. O199999 - Pharmaceutical Rebate Receivables O299998 - Aggregate of amounts not individually listed above. O299999 - Claim Overpayment Receivables Other Receivables Michigan Department of Community Health	146,462	146,462	146,461	663,201		439,385					
0199999 - Pharmaceut i cal Rehate Receivables	146,462	146,462	146,461	663,201	663,201	439,385					
029998 - Aggregate of amounts not individually listed above	0	205,555	125,015	000,201	330.570						
0200000 - Claim Overnament Regivables	0	205,555	125,015	0	330.570						
Other Receivables	U	200,000	120,010	· ·	000,070						
Michigan Department of Community Health	6,994,955					6,994,955					
0600000 . Other Health Care Receivables	6,994,955	0	0	0	0	6,994,955					
0000000 - Other hearth care necessaries	0,994,990	0	0	0	0	0,994,900					
						,					
		·····			·····						
0799999 Gross Health Care Receivables	7,141,417	352,017	271.476	663,201	993,771	7,434,340					

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables				1,102,586	0	1,589,981
Claim overpayment receivables	1,574,511	38,078,395		330,570	1,574,511	1,958,736
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables		30,916,704		6,994,955	0	1,028,944
7. Totals (Lines 1 through 6)	1,574,511	68,995,099	0	8,428,111	1,574,511	4,577,661

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported)									
0199999 Individually listed claims unpaid	n	Λ	0	Λ	Λ	· · · · · · · · · · · · · · · · · · ·			
0299999 Aggregate accounts not individually listed-uncovered									
0399999 Aggregate accounts not individually listed-covered	16,626,085	28,280,484	2,410,209	0	0	47,316,778			
0499999 Subtotals	16,626,085	28,280,484	2,410,209	0	0	47,316,778			
0599999 Unreported claims and other claim reserves	, , ,	, ,	, , ,			99,998,942			
0699999 Total amounts withheld									
0799999 Total claims unpaid						147,315,720			
0899999 Accrued medical incentive pool and bonus amounts				<u> </u>		2,634,27			

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

	,						
1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		<u> </u>]			
		<u> </u>		<u> </u>			
	_		L				
0199999 Individually listed receivables	0	0	0	0	0	0	0
0199999 Individually listed receivables	•			-		•	
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

			1	_
1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth Caritas Services, LLC	Administrative and staffing services	7,466,578	7,466,578	
PerformRx, LLC	Drug therapy management program		922,466	
	30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	,	
			1	
			1	
			+	
			+	
			+	
			-	
			ļ	
			ļ	
0199999 Individually listed payables		8,389,044	8,389,044	0
0299999 Pavables not individually listed			1	
0399999 Total gross payables		8,389,044	8,389,044	0
UJJJJJJ I ULAI YIUSS PAYADICS		0,000,044	0,000,044	ı

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	6,819,948	0.7	69,939	21.6		6 , 819 , 948
2. Intermediaries		0.0		0.0		
3. All other providers	2,467,550	0.2	312,963	96.5		2,467,550
Total capitation payments	9,287,498	0.9	382,902	118 . 1	0	9,287,498
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		
Contractual fee payments		98.8	xxx	XXX	,	977 , 578 , 468
Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	2,867,285	0.3	xxx	XXX		2 ,867 ,285
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements			xxx	XXX		<u> </u>
11. All other payments			xxx	XXX		<u> </u>
12. Total other payments	980,445,753	99.1	xxx	XXX	0	980,445,753
13. Total (Line 4 plus Line 12)	989,733,251	100 %	XXX	XXX	0	989,733,251

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1 - PART 2 - SUMMART OF TRANSACTIONS		VIAIT DIVILIT	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			l		
			†	1	İ
	NIONE				
			†	1	†
				ł	
			 	ł	
			 	 	
			ļ		ļ
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	2,014,354		763,631	1,250,723	1,250,723	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	2,715,027		951,612	1,763,415	1,763,415	
6. Total	4,729,381	0	1,715,243	3,014,138	3,014,138	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Blue Cross Complete of Michigan LLC REPORT FOR: 1. CORPORATION

								(LOCATION)		11557
IAIC Group Code 00572 BUSINESS IN THE STATE C	OF Michigan			DURING THE YEAR					NAIC Company Code	
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Total Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	289,577								289,577	
2 First Quarter	304,216								304,216	
3 Second Quarter	313,940								313,940	
4. Third Quarter	320,968								320,968	
5. Current Year	324,160								324,160	
6 Current Year Member Months	3,755,550								3,755,550	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,867,186								1 , 867 , 186	
8. Non-Physician	801,837								801,837	
9. Total	2,669,023	0	0	0	0	0	0	0	2,669,023	
10. Hospital Patient Days Incurred	167,292								167,292	
11. Number of Inpatient Admissions	29,528								29,528	
12. Health Premiums Written (b)	1,231,752,619								1,231,752,619	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						ļ			
15. Health Premiums Earned	1,231,752,619								1,231,752,619	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	989,733,251								989 ,733 ,251	
18. Amount Incurred for Provision of Health Care Services	1,030,080,913								1,030,080,913	

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)	AIC Company Code	
AIC Group Code 00572 BUSINESS IN THE STATE C	OF Consolidated			DURING THE YEAR 2					11557	
	1	Compreh (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	289,577	0	0	0	0	0	0	0	289,577	
2 First Quarter	304,216	0	0	0	0	0	0	0	304,216	
3 Second Quarter	313,940	0	0	0	0	0	0	0	313,940	
4. Third Quarter	320,968	0	0	0	0	0	0	0	320,968	
5. Current Year	324,160	0	0	0	0	0	0	0	324,160	
6 Current Year Member Months	3,755,550	0	0	0	0	0	0	0	3,755,550	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,867,186	0	0	0	0	0	0	0	1 ,867 , 186	
8. Non-Physician	801,837	0	0	0	0	0	0	0	801,837	
9. Total	2,669,023	0	0	0	0	0	0	0	2,669,023	
10. Hospital Patient Days Incurred	167,292	0	0	0	0	0	0	0	167,292	
11. Number of Inpatient Admissions	29,528	0	0	0	0	0	0	0	29,528	
12. Health Premiums Written (b)	1,231,752,619	0	0	0	0	0	0	0	1,231,752,619	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,231,752,619	0	0	0	0	0	0	0	1,231,752,619	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	989 ,733 ,251	0	0	0	0	0	0	0	989,733,251	
18. Amount Incurred for Provision of Health Care Services	1,030,080,913	0	0	0	0	0	0	0	1,030,080,913	

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted)	3	4	5
	1 2021	2020	2019	2018	2017
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	(8)	1,615
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	553	1,430
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	414,815,005		414,815,005
2.	Accident and health premiums due and unpaid (Line 15)	22,181,335		22, 181, 335
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance.	xxx	0	0
5.	All other admitted assets (Balance)	8,285,082		8,285,082
6.	Total assets (Line 28)	445,281,422	0	445,281,422
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	147 , 315 , 720	0	147 , 315 , 720
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,634,275		2,634,275
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				0
12.				
13.				
14.				143,240,215
15.	Total liabilities (Line 24)	293,190,210	0	293,190,210
16.	Total capital and surplus (Line 33)	152,091,212	xxx	152,091,212
17.	Total liabilities, capital and surplus (Line 34)	445,281,422	0	445,281,422
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						-
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware							
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. lowa	IA						
17. Kansas							
18. Kentucky		•					
19. Louisiana	LA						
20. Maine							
21. Maryland							
•							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
			-			·	-
41. South Carolina			-				
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX					-	-
45. Utah			-			-	-
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
oo., aggregate outer / aloll		0	0	0	0	0	·

4	2	3	4	5	6	7	8	l 9	10	11	12	13	14	15	16
'	2	NAIC	4	5	0	Name of Securities Exchange if Publicly	o Names of	9	Relationship		Type of Control (Ownership, Board, Management.	If Control is	14	Is an SCA Filing	16
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,		Ultimate Controlling Entity(ies)/Person(s)		*
0000	BC/BS of Michigan Mutual	0000	rambor	TROOP	Ont	momatonary	Blue Cross Blue Shield of Michigan Mutual Insurance	Location	Littley	(Name of Emily) order)	minderice, Carery	1 croomage	Emity (1869)/1 Grootings	(100/110)	
00572	Insurance Co.	54291 3	38-2069753				Company	MI	RE	State of Michigan	Legal			N0	0
	BC/BS of Michigan Mutual									Blue Cross Blue Shield of Michigan Mutual Insurance			Blue Cross Blue Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000	38 - 4093181				Emergent Holdings, Inc	MI	DS	Company	OWNERSHIP	100.0	Company	YES	0
	BC/BS of Michigan Mutual												Blue Cross Blue Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000 2	27 - 0521030				Accident Fund Holdings, Inc	MI	NIA	Emergent Holdings, Inc	OWNERSHIP		Company	N0	0
	BC/BS of Michigan Mutual												Blue Cross Blue Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000 /	AA -00000000				AF Global Capital, Ltd	GBR	NIA	Accident Fund Holdings, Inc	OWNERSHIP		Company	NO	0
	BC/BS of Michigan Mutual						Accident Fund Insurance Company						Shield of Michigan Mutual Insurance		
00572	Insurance Co	10166	38-3207001				of America	MI	IA	Accident Fund Holdings, Inc	OWNERSHIP	100.0	CompanyBlue Cross Blue	N0	0
	BC/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000 2	26 - 4728075				Affinity Services, LLC	MI	NIA	Accident Fund Holdings, Inc	OWNERSHIP	100.0	CompanyBlue Cross Blue	N0	0
00570	BC/BS of Michigan Mutual		00 0550000				Fundamental Agency,	W		5	OWNEDOLLID		Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000	32-0550098	-			Inc	WI	NIA	Accident Fund Holdings, Inc	OWNERSHIP		CompanyBlue Cross Blue	NU	0
00570	BC/BS of Michigan Mutual	00457	00 0044450				United Wisconsin Insurance	l wi		Accident Fund Insurance	OWNEDOLLD		Shield of Michigan Mutual Insurance	NO	
00572	Insurance Co	29157	39-0941450	-			Company	WI		Company of America	OWNERSHIP	100.0	CompanyBlue Cross Blue	NU	0
00570	BC/BS of Michigan Mutual	40004	00.0050000				Accident Fund General Insurance			Accident Fund Insurance	OWNEDOLLID		Shield of Michigan Mutual Insurance		
00572	Insurance Co	12304 2	20-3058200	-			. Company	M I	A	Company of America	OWNERSHIP	100.0	CompanyBlue Cross Blue	. N0	0
00570	BC/BS of Michigan Mutual	40005	00.0050004				Accident Fund National			Accident Fund Insurance	OWNEDOLLD		Shield of Michigan Mutual Insurance		
00572	Insurance Co.	12305 2	20-3058291	-			Insurance Company	MI	IA	Company of America	OWNERSHIP	1	CompanyBlue Cross Blue	N0	0
	BC/BS of Michigan Mutual									Accident Fund Insurance			Shield of Michigan Mutual Insurance		
00572	Insurance Co	10713 3	36-4072992				Third Coast Insurance Company	WI		Company of America	OWNERSHIP	100.0	Company	NO	0

	1		4	-			1	1 0	10	T 44	40	10		1 45	40
1	2	3	4	5	6	Name of Securities Exchange if	8	9	10 Relationship	11	12 Type of Control (Ownership, Board,	13 If Control is	14	15 Is an SCA	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Management, Attorney-in-Fact,	Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Filing Required?	*
00570	BC/BS of Michigan Mutual	40477	00 4447407							Accident Fund Insurance	OWNERSHIP		Blue Cross Blue Shield of Michigan Mutual Insurance	10	
00572	BC/BS of Michigan Mutual	12177 2	20 - 1117107	-			. CompWest Insurance Company	CA	IA	Company of America Blue Cross Blue Shield of Michigan Mutual Insurance	TOWNERSHIP		CompanyBlue Cross Blue Shield of Michigan Mutual Insurance	NU	
00572	Insurance Co	00000 2	20-1420821				LifeSecure Holdings Corporation.	AZ	DS	Company	OWNERSHIP	80.0	CompanyBlue Cross Blue Shield of Michigan	YES	7
00572	BC/BS of Michigan Mutual Insurance Co	77720 7	75 - 0956156	-			LifeSecure Insurance Company	MI	I A	LifeSecure Holdings Corporation	OWNERSHIP	100.0	Mutual Insurance CompanyBlue Cross Blue	NO	7
00572	BC/BS of Michigan Mutual Insurance Co	95610 3	38 - 2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Shield of Michigan Mutual Insurance Company	NO	0
	BC/BS of Michigan Mutual	00000	0000500				Blue Cross and Blue Shield of				OWNEDOLLID		Blue Cross Blue Shield of Michigan Mutual Insurance	NO	
00572	BC/BS of Michigan Mutual	00000 3	38 - 2338506	-			.Michigan Foundation Michigan Medicaid Holdings	M I	NIA	Blue Care Network of Michigan. Blue Cross Blue Shield of Michigan Mutual Insurance	OWNERSHIP		CompanyBlue Cross Blue Shield of Michigan Mutual Insurance	NU	0
00572	Insurance Co	00000 4	15-3854611				. Company	M I	DS	Company	OWNERSHIP	100.0	CompanyBCBSM and	YES	0
00572	BC/BS of Michigan Mutual Insurance Co	11557 4	17 - 2582248				Blue Cross Complete of Michigan LLC	М Г	I A	Michigan Medicaid Holdings Company	OWNERSHIP		Independence Health Group, Inc Blue Cross Blue	NO	5
00572	BC/BS of Michigan Mutual Insurance Co	00000 8	35-4338099				Care Transformation Holding Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Shield of Michigan Mutual Insurance Company	N0	0
00570	BC/BS of Michigan Mutual	00000 4	17 - 2312291				TRIADO Hagith II.O	MI	NIIA	Care Transformation Holding	OWNERSHIP		Blue Cross Blue Shield of Michigan Mutual Insurance	NO	0
00572	Insurance Co	4	+1 -23 229	-			TRIARQ Health, LLC	. IVI	NIA	Company	IOMINEKSHIP		Company	NU	JU
00572	BC/BS of Michigan Mutual Insurance Co	000009	98 - 1621026				TRIARQ Health, LLP	IND	NIA	TRIARQ Health, LLC	OWNERSHIP	100.0	Mutual Insurance Company	NO	14
	BC/BS of Michigan Mutual Insurance Co	00000 3	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	OWNERSHIP		Shield of Michigan Mutual Insurance Company	N0	15

4	0			5		7	8	9	10	144	10	40	1 44	1 45	40
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	, ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location		(Name of Entity/Person)			Entity(ies)/Person(s)		*
													Blue Cross Blue		
	BC/BS of Michigan Mutual						TRIARQ Health Alliance of						Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000	61-1870820				Michigan, LLC	M I	NIA	TRIARQ Health, LLC	OWNERSHIP.	68.0	Company	NO	16
										,			Blue Cross Blue		
	DC/DC of Michigan Mutual									Core Transferretion Helding			Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream, Inc	М !		Care Transformation Holding Company	OWNERSHIP	100.0	Mutual Insurance Company	NO	0
00072	Tristi uno oo.	00000		-			oroctrodiii, mo			Company	O MINEROLI III	100.0	Blue Cross Blue		
													Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co	00000	. 83 - 2485797				One Team Care, LLC	MI	NIA	GloStream, Inc	OWNERSHIP	50.0	Mutual Insurance Company	NO	17
00372		00000	. 03-2403/9/	-			Tone reall care, LLC	. JVI I	N I A	Grostream, mc	. UWINERON IF		Blue Cross Blue		17
													Shield of Michigan		
	BC/BS of Michigan Mutual	00000	0.4.0000000				GloStream Inc. 401(K) Plan &	MI	0TH	Care Transformation Holding			Mutual Insurance	NO	0
00572	Insurance Co	00000	34-2032238				Trust		UIH	Company	Management		CompanyBlue Cross Blue	N∪	0
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Woodward Straits Insurance			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	15649	. 47 - 2221114				Company	МІ	DS	Company	OWNERSHIP	100.0	CompanyBlue Cross Blue		0
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	81-3438452				COBX Co	MI	NIA	Emergent Holdings, Inc	OWNERSHIP	100.0	Company	NO	0
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	47 - 5653683				Advantasure, Inc	MI	NIA	Emergent Holdings, Inc	OWNERSHIP	100.0	Company	NO	0
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co.	00000	11-3738370				ikaSystems Corporation	DE	NIA	Advantasure, Inc.	OWNERSHIP	100.0	Company	NO	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000	47 - 4522025				Tessellate Holdings, LLC	DE	NIA	Emergent Holdings, Inc	OWNERSHIP	100.0	Company	NO	0
]						Blue Cross Blue		
	BC/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572	Insurance Co.	00000	45-3742721				Tessellate, LLC	DE	NIA	Tessellate Holdings, LLC	OWNERSHIP		Company	NO	٥
3007 2								1		Toda nordingo, ELO			Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual Insurance Co	00000	84-3513429				 Covantage Health Partners, Inc	l MI	NIA	Emergent Holdings Inc	OWNERSHIP	100.0	Mutual Insurance Company	NO	٨
UUU1 Z	IIISUI aliut UU	00000	104-0010429				Touvaillage health raithers, Inc		NIM	Liller gent notatings, inc	OMINEKOH IT	100.0	Logiihatti	IVU	U

1	2	3	1	5	6	7	8	9	10	11	12	13	14	15	16
'	2	3	4	3	0	Name of Securities	°	9			Type of Control (Ownership,		14		10
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Blue Cross Blue	(Yes/No)	*
													Shield of Michigan		
	BC/BS of Michigan Mutual									Covantage Health Partners,			Mutual Insurance		
00572	Insurance Co	00000	84-4009427				NextBlue, LLC	DE	NIA	Inc	OWNERSHIP	51.0	Company	N0	9
													Blue Cross Blue		
	BC/BS of Michigan Mutual						NextBlue of North Dakota						Shield of Michigan Mutual Insurance		
00572	Insurance Co.	16739 8	34-3789332				Insurance Company	ND	IA	NextBlue, LLC	OWNERSHIP.		Company	NO.	9
00012	Thousand de constitution of the constitution o		51 010000 2				Triodranoo company			HOXERGO, EEG.	- OIIILEILOITII		Blue Cross Blue		
													Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	0.4.4007704				Vermont Division Advantages 110	DE	NIA	Covantage Health Partners,	OWNERSHIP	F4 0	Mutual Insurance	NO.	
00572	Insurance Co	00000	84 - 4367791				Vermont Blue Advantage, LLC	DE	NIA	Inc	. OWNERSHIP	51.0	CompanyBlue Cross Blue	NU	9
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	16793 8	34-4331472				Vermont Blue Advantage, Inc	VT	I A	Vermont Blue Advantage, LLC	OWNERSHIP	100.0	Company	NO	9
													Blue Cross Blue		
	BC/BS of Michigan Mutual						Wellmark Advantage Holdings,			Covantage Health Partners,			Shield of Michigan Mutual Insurance		
00572	Insurance Co		36 - 1598901				IIIC	DF	NIA	Inc	OWNERSHIP	51.0	Company	NO.	9
													Blue Cross Blue		
							l						Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	17001	36 - 1598618				Wellmark Advantage Health Plan,	l IA	IA	Wellmark Advantage Holdings,	OWNERSHIP	100.0	Mutual Insurance Company	NO	
00372	Insurance co	17001	00 - 10900 10	-			. 1110	I A	I A	1110	. UWINEROFIF	100.0	Blue Cross Blue	INU	J9
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000 5	58 - 1767730				NASCO Corporation	DE	DS	Company	OWNERSHIP	100.0	CompanyBlue Cross Blue	YES	0
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000	84-4115688				InnovateRX LLC	DE	NIA	Company	OWNERSHIP	10.0	Company	N0	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual						Civica Outpatient Subsidiary.						Shield of Michigan Mutual Insurance		
00572	Insurance Co.	00000	33-1246927				III C	DF	NIA	InnovateRX LLC	MANAGEMENT		Company	NO.	٥١
00012	111001 01100		JO 1270021							THIOTATORY LEG	I III II		Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual	00000	25 2002450				Fuia Dhannasu Calutiana 110	DE-	NII A	Michigan Mutual Insurance	OWNERSHIP	20.0	Mutual Insurance	NO.	
00572	Insurance Co	000008	35 - 3092159	-			Evio Pharmacy Solutions, LLC	DE	NIA	Company	UWNEKSHIP	20.0	CompanyBlue Cross Blue	NO	⁰
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
	Insurance Co	00001 8	87 - 405 1658				Bricktown Capital, LLC	MI	DS	Company	OWNERSHIP	100.0	Company	N0	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	2	3	7		O	Name of Securities Exchange if	o o	9	Relationship		Type of Control (Ownership, Board.	If Control is		Is an SCA	10
Group		NAIC Company	, ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide		Filing	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location		(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
							Blue Cross Blue Shield of			Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Bargaining Unit			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000	84-6869872				Internal Health Benefit Trust	MI	0TH	Company	MANAGEMENT		Company	N0	10
							Blue Cross Blue Shield of			Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Non-Bargaining Unit			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000	84-6871980				Internal Health Benefit Trust	MI	OTH	Company	Managerment		Company	N0	10
							Blue Cross Blue Shield of			Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Long-Term Disability			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000	81-6482696				Trust	MI	OTH	Company	MANAGEMENT		Company	N0	11
							Blue Cross Blue Shield of			Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Employees' Retirement			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000	30-1140600				Master Trust	MI	OTH	Company	MANAGEMENT		Company	N0	12
										Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Blue Cross Blue Shield of			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000					Michigan 401(K) Master Trust	MI	OTH	Company.	MANAGEMENT		CompanyBCBSM and	N0	0
	1									Blue Cross Blue Shield of			BCBSM and		
00000	Independence Health Group. Inc. / BCBSM	00000	30-0703311				BMH LLC	DE	lNIA	Michigan Mutual Insurance Company	OWNERSHIP.	38.7	Independence Health Group, Inc	NO	0
00000										Company	. O III LIOITI		BCBSM and		
	Independence Health Group. Inc						DWI OURGO I II O	25		DWI I I	OWNED OLLID	400.0	Independence		
00000	/ BCBSM	00000	. 38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	Health Group, Inc BCBSM and	N0	2
	Independence Health Group. Inc												Independence		
00000	/ BCBSM	00000	. 80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC.	OWNERSHIP	100.0	Health Group, Inc	N0	2
	Independence Health Group. Inc						AmeriHealth Caritas Services.						BCBSM and Independence		
00000	/ BCBSM	00000	45-5415725				ILLC	DE	NIA	BMH LLC.	OWNERSHIP.	100.0	Health Group, Inc.	NO	2
]										BCBSM and		
00000	Independence Health Group. Inc / BCBSM		23-2859523				 AmeriHealth Caritas Health Plan.	PA	NIA	BMH SUBCO I LLC & BMH SUBCO	OWNERSHIP	100.0	Independence	NO	2
00000	/ BCBSW	00000	. 23-2809023				. Amerineaith Caritas neaith Pian	РА	N I A		. UWNERSHIP	100.0	Health Group, Inc BCBSM and	NU	د
	Independence Health Group. Inc						Blue Cross Complete of Michigan			AmeriHealth Caritas Health			Independence		
00000	/ BCBSM	11557	47 - 2582248				LLC	MI	A	Plan	OWNERSHIP	50.0	Health Group, Inc	N0	5
	Independence Health Group. Inc						AmeriHealth Caritas Florida.			AmeriHealth Caritas Health			BCBSM and Independence		
00000	/ BCBSM	14378	45-4088232				Inc	FL	I A	Plan	OWNERSHIP	100.0	Health Group, Inc	NO	2
													BCBSM and		
00000	Independence Health Group. Inc. / BCBSM	00000	47 - 3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100 0	Independence Health Group, Inc	NO	2
UUUUU	ווווסמיים ו	00000	. +1 -0323201				.[niiici iiicai tii vai Itas Tuwa, LLU	I A	N I A		OHINCINOTITE	1	mearth broup, INC	INU	∠

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group	Crawn Nama	NAIC Company Code	ID Number	Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide		Is an SCA Filing Required?	*
Code	Group Name	Code	Number	KSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	influence, Other)	Percentage	BCBSM and	(Yes/No)	-
00000	Independence Health Group. Inc. / BCBSM		45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	70.0	Independence Health Group, Inc.and Good Life Partners, Inc BCBSM and	N0	4
	Independence Health Group. Inc									AmeriHealth Caritas Health			Independence		
00000	/ BCBSM	00000	26-1809217				Perform RX IPA of New York, LLC.	NY	NIA	Plan	OWNERSHIP		Health Group, Inc	NO	2
00000	Independence Health Group. Inc / BCBSM		27 - 0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health	OWNERSHIP		BCBSM and Independence Health Group, Inc	N0	2
	Ladanandanan Haalah Casus Ina												BCBSM and		
00000	Independence Health Group. Inc. / BCBSM		61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	OWNERSHIP	100.0	Independence Health Group, Inc	NO	2
00000	Independence Health Group. Inc / BCBSM		23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	N0	3
00000	Independence Health Group. Inc / BCBSM		26-1144363				.AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	NO	2
	Independence Health Group. Inc						AmeriHealth Caritas Louisiana.						BCBSM and Independence		
00000	/ BCBSM	14143	27 - 3575066				Inc	LA		AMHP Holdings Corp	OWNERSHIP	100.0	Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	95458	57 - 1032456				Select Health of South Carolina, Inc	SC	I A	AMHP Holdings Corp	OWNERSHIP		Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp Community Behavioral	OWNERSHIP	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	13630	26-0885397	-			CBHNP Services, Inc	PA	A	Healthcare Network of Pennsylvania, Inc	OWNERSHIP	100.0	Independence Health Group, Inc	N0	2
00000	Independence Health Group. Inc / BCBSM	15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	I A	AMHP Holdings Corp	OWNERSHIP		BCBSM and Independence Health Group, Inc	N0	2
00000	Independence Health Group. Inc / BCBSM	15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp	OWNERSHIP	100.0	BCBSM and Independence Health Group, Inc	N0	2
00000	Independence Health Group. Inc / BCBSM	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	I A	AMHP Holdings Corp	OWNERSHIP		BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group. Inc / BCBSM	16980	84-2435374				AmeriHealth Caritas Ohio, Inc	0H		AMHP Holdings Corp	OWNERSHIP		BCBSM and Independence Health Group, Inc	N0	2
00000	Independence Health Group. Inc / BCBSM	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	I A	AMHP Holdings Corp	OWNERSHIP		BCBSM and Independence Health Group, Inc	N0	2

	2	3	1	5	6	7	8	T 9	10	11	12	13	14	15	16
'	2	3	4	3	0	Name of	8	9	10		Type of Control	13	14	15	10
						Securities					(Ownership,				
		NAIG				Exchange if	Name of		Relationship		Board,	If Control is		Is an SCA Filing	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent. Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location		(Name of Entity/Person)			Entity(ies)/Person(s)		*
		1			÷	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(**************************************			BCBSM and	(= = , , , = ,	
	Independence Health Group. Inc						AmeriHealth Caritas North						Independence		
00000	/ BCBSM	16539	83-1481671				Carolina, Inc	NC	IA	AMHP Holdings Corp	OWNERSHIP	100.0	Health Group, Inc	N0	2
	Lada a a da a a a Ha a lada A a a a a lada						Annual Haraldha Oraildean New Maurice						BCBSM and		
00000	Independence Health Group. Inc / BCBSM		61-1857768				AmeriHealth Caritas New Mexico,	NM]IA	AMHP Holdings Corp	OWNERSHIP	100.0	Independence Health Group, Inc	NO.	2
00000	. / DUDOW	. 10422	01-100//00	-			. 1116		I A	AMINE HOTOTHYS COTP	. UWINENOTIF	100.0	BCBSM and	. INU	Z
	Independence Health Group, Inc						AmeriHealth Caritas Delaware.						Independence		
00000	/ BCBSM	00000	61-1847073				Inc.	DE	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	Health Group, Inc	N0	2
													BCBSM and		
	Independence Health Group. Inc						AmeriHealth Caritas Minnesota,			l			Independence		
00000	/ BCBSM	. 00000	83-3241978				Inc	MN	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	Health Group, Inc	NO	2
	Independence Health Group. Inc						 AmeriHealth Caritas California.						BCBSM and Independence		
00000	/ BCBSM		86-2442207				Inc.	CA	NIA	AMHP Holdings Corp	OWNERSHIP	100 0	Health Group, Inc	NO.	2
00000	, Bobom.		00 2442207				. 1110			Trumin Horarngs dorp	O III LILOTTI		BCBSM and		
	Independence Health Group. Inc						AmeriHealth Caritas Oklahoma,						Independence		
00000	/ BCBSM	. 00000	81-4458766				Inc	OK	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	Health Group, Inc	N0	2
													BCBSM and		
00000	Independence Health Group. Inc		05 0740040				l	N11/		AMUR II I I I	OWNEDOLLID	400.0	Independence		
00000	/ BCBSM	. 00000	85-3713213	-			AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	Health Group, Inc BCBSM and	NU	Z
	Independence Health Group. Inc						AmeriHealth Caritas VIP Next.						Independence		
00000	/ BCBSM	00000	87 - 4065041				Inc.	DE	NIA	AMHP Holdings Corp	OWNERSHIP	100.0	Health Group. Inc.	NO.	2
													BCBSM and		
	Independence Health Group. Inc						Social Determinants of Life,						Independence		
00000	/ BCBSM	. 00000	85-4321302				Inc	DE	NIA	BMH LLC.	OWNERSHIP	100.0	Health Group, Inc	N0	2
	Independence Health Group. Inc												BCBSM and Independence		
00000	Independence Hearth Group. The / BCBSM	00000	47 - 5496220				Wider Circle Inc.	DF	NIA	Inc	OWNERSHIP	27 1	Health Group. Inc	NO.	13
00000	, DODOM.	. 100000	47 -0400220				Wider offere me	DL			. O MINE NOTTH		Blue Cross Blue		10
													Shield of Michigan		
										BCBSM and Accident Fund			Mutual Insurance		
00000		. 00000	36-4247278				BCS Financial Corporation	DE	NIA	Insurance Company of America.	OWNERSHIP	13.7	Company	N0	0
													Blue Cross Blue		
													Shield of Michigan Mutual Insurance		
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	I A	BCS Financial Corporation	OWNERSHIP	100 0	Company	NO	6
			2140000				The insurance company			200 - Manorar Gorporat for		100.0	Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		. 38245	36-6033921				BCS Insurance Company	OH	I A	BCS Financial Corporation	OWNERSHIP	100.0	Company	N0	6
													Blue Cross Blue		
													Shield of Michigan Mutual Insurance		
00000		00000	36-3120811				BCS Insurance Agency, Inc	11	NIA	BCS Financial Corporation	OWNERSHIP	100 0	Company	NO	6
	<u> </u>		00 0120011	-			1200 mouranou ngonoy, mo	1	4	TEGO I Manorar Gorporatron	1	1	1 00 mpuriy	INO	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	-					Name of					Type of Control				
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Blue Cross Blue Shield of Michigan		
							BCS Financial Services						Mutual Insurance		
00000		00000	36-4303124				Corporation	DE	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Company	NO .	6
							·			· ·			Blue Cross Blue		
	DC/DC of Michigan Mutual												Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	BCS Financial Corporation	OWNERSHIP	20.0	Mutual Insurance Company	YES	7
00072	modranoo oo	00000	20 1420021				2110000010 Horarings corporation			Boo i manorar corporatron	, omite north		Blue Cross Blue		
													Shield of Michigan		
00000		00000					4 Ever Life International	DMII		B00 5:	OWNEDOLLID	400.0	Mutual Insurance	l No	
00000		00000	AA-0000000				Limited	BMU	NIA	BCS Financial Corporation	OWNERSHIP	100.0	CompanyBlue Cross Blue	NO .	b
													Shield of Michigan		
													Mutual Insurance		
00000		00000	32-0485937				BCS Re Inc.	VT	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Company	NO	6
													Blue Cross Blue Shield of Michigan		
													Mutual Insurance		
00000		00000	37 - 1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	OWNERSHIP	50.0	Company	NO	8
										,			Blue Cross Blue		
													Shield of Michigan Mutual Insurance		
00000		00000	46-4945044				Ancilyze Insurance Agency LLC	l 11	NIA	Ancilyze Technologies LLC	OWNERSHIP	100.0	Company	NO	8
			. 40 4040044				Trillotty 20 Trisdrance rigoriey E20			7 THOTTY 20 TOOMHOTOGTOS EEG	OWNEROTH		- Company]	
														ļ	
														·	
										-				·	
									-	-				ļ	
										-				·	
									-	-					
														ļ	
											ļ				

Asterisk	Explanation
	00000

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	3	4	5	6	7	8	9	10	11	12	13
1 NAIC Company	ID		Shareholder	Capital	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any	Management Agreements and	Income/ (Disbursements) Incurred Under Reinsurance		Any Other Material Activity Not in the Ordinary Course of the Insurer's		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
54291	38-2069753	Blue Cross Blue Shield of Michigan Mu.	69.700.000	(46.118.945)			1,150,213,139	(39,736,870)		(125,785,451)	1.008.271.873	47,565,391
95610	38-2359234	Blue Care Network of Michigan					(1,427,227,272)	(41.524.791)			(1.468.752.063)	0
	27-0521030	Accident Fund Holdings, Inc.	15,500,000				(11, 140, 222)				4.359.778	
	38-3207001	Accident Fund Insurance Company of Am.	(85,500,000)				56,496,954		*		(29,003,046)	2,143,254,600
12304	20-3058200	Accident Fund General Insurance Company.					(101,723,145)		*		(101,723,145)	(518,662,588)
12305	20-3058291	Accident Fund National Insurance Company.					(37,534,688)	• • • • • • • • • • • • • • • • • • • •	*	1	(37,534,688)	(297,052,039)
	36-4072992	Third Coast Insurance Company					(3,425,952)	•	*	†	(3,425,952)	(373,355,631)
29157	39-0941450	United Wisconsin Insurance Company					(5,463,736)		*	†	(5,463,736)	(573,360,031)
11557	47 - 2582248	Blue Cross Complete of Michigan LLC.					(182,563,518)		·····	†	(182,563,518)	(000,000,400)
00000	38-2338506	Blue Cross Blue Shield of Michigan Fo.					(1,307,063)		·····	†	(1,307,063)	
12177	20-1117107	CompWest Insurance Company					(20,766,381)		*	†	(20,766,381)	(355.823.853)
	75-0956156	LifeSecure Insurance Company.					(3,585,985)		·····	†	(3,585,985)	(000,020,000)
00000	58-1767730	NASCO LLC.					64,051,085			<u> </u>	64,051,085	
00000	27-0863878	PerformRx, LLC_					10,184,098				10,184,098	
	45-3742721	Tessellate, LLC.					42,634,837			(52.543.386)	(9,908,549)	
		Woodward Straits Insurance Company	(69.700.000)				(14,463,193)	81.261.661		(32,343,300)	(2,901,532)	(47,565,391)
00000	47 - 222 1 14	AF Global Capital, Ltd	(09,700,000)				955 , 181	01,201,001		•	955,181	(47,303,391)
00000	11-3738370	ikaSystems Corporation					(13,343,577)		·····	16,709,784	3,366,207	
00000	47-4522025	Tessellate Holdings, LLC.	+				4,198,710			10,709,704	4,198,710	
00000							24.791.096			31.779.735	56,570,831	
00000	01-0400402		·									
00000	61-1729412	PerformSpecialty, LLC	+				69,444,296		ļ	 	69,444,296	
00000	26-4728075	Affinity Services, LLC					(227,320)		ļ	+	(227,320)	
00000	45-5415725	AmeriHealth Caritas Services LLC					101,739,249		ļ	+	101,739,249	
00000	32-0550098	Fundamental Agency, Inc.	70 000 000	(70, 070, 000)			244,933			70 407 000	244,933	
00000	38-4093181	Emergent Holdings, Inc.	70,000,000	(73,870,000)			(1,895,676)		ļ	72,437,209	66,671,533	
00000		Covantage Health Partners		0			2,621,607		ļ	39,269,122	41,890,729	
	84-4367791	Vermont Blue Advantage, LLC		0			(0.040.000)		ļ		0	
	84-4331472	Vermont Blue Advantage, Inc		5,610,000			(6,010,020)		 		(400,020)	
	84-4009427	NextBlue, LLC		0			/5 //0 ****		ļ	-	0	
16739		NextBlue of North Dakota Insurance Co		6,120,000			(5,112,366)		ļ		1,007,634	
00000	85-4338099	Care Transformation Holding Company		46,118,945					ļ		46,118,945	
		BCBSM BU Internal Health Benefit Trust					155,843		ļ		155,843	
00000	84-6871980	'BCBSM Non-BU Internal Health Benefit Tr					2,737,651		ļ		2,737,651	
00000	38-2006975	BCBSM 401(K) Master Trust					136,410,501		ļ		136,410,501	
00000	86-1598901	Wellmark Àdvantage Holdings, LLC		0					ļ	ļ	0	
	86-1598618	Wellmark Advantage Health Plan, Inc		7 , 140 , 000			(6,702,557)		ļ	ļ	437 ,443	
00000	47-2312291	TRIARQ Health, LLC					633 ,846		ļ	1,003,418	1,637,264	
00000	34-2032238	GloStream, Inc					(669,420)		ļ	<u> </u>	(669,420)	
00000	47 - 5653683	Advantasure, Inc		55,000,000			174 ,894 ,656		ļ	17,129,569	247 ,024 ,225	
00000	47 - 5496220	Wider Circle, Inc					754,409		ļ		754,409	
											·	
9999999 Cd	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

⁰¹ Footnote - Accident Fund General Insurance Company; Accident Fund National Insurance Company; Third Coast Insurance Company; United Wisconsin Insurance Company and CompWest Insurance Company participate in a 100% pooling arrangement with Accident Fund Insurance Company of America

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8 Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	
Blue Cross Blue Shield of Michigan Mutual				0	Blue Cross Blue Shield of Michigan Mutual	400 000 0	
Insurance Company		%	NO	State of Michigan	Insurance Company	100.000 %	NO
	Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
Blue Care Network of Michigan	Insurance Company	100.000 %	NO	Insurance Company	Insurance Company	100.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual			
LifeSecure Insurance Company	LifeSecure Holdings Corporation	100 . 000 %	NO	. Insurance Company	LifeSecure Holdings Corporation	80.000 %	NO
LifeSecure Insurance Company	LifeSecure Holdings Corporation	100 . 000 %	NO	BCS Financial Corporation.	LifeSecure Insurance Company	20.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual			
Accident Fund Insurance Company of America	Accident Fund Holdings Inc	100.000 %	NO	Insurance CompanyBlue Cross Blue Shield of Michigan Mutual	Accident Fund Holdings, Inc	100.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual			
Accident Fund General Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
	·			Blue Cross Blue Shield of Michigan Mutual			
Accident Fund National Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
, ,	' '			Blue Cross Blue Shield of Michigan Mutual	, ,		
United Wisconsin Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual			
Third Coast Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company.	Accident Fund Insurance Company of America	100.000 %	NO
Titira dodot Tiloaranoo dompany	Theoretic Fund Theoretico Company of Amorroa			Blue Cross Blue Shield of Michigan Mutual	700 Tana Thourando Company of Amorroa	100.000 %	
CompWest Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO NO
oompriost madraned company				Blue Cross Blue Shield of Michigan Mutual		100.000 //	
NextBlue of North Dakota Insurance Company	NextBlue LLC	100.000 %	NO	Insurance Company	Coventage Health Partners	51.000 %	NO
NextBlue of North Dakota Insurance Company NextBlue of North Dakota Insurance Company	NextBlue LLC	100.000 %	NO NO	Healthy Dakota Mutual Holdings	Covantage Health Partners	49.000 %	NO NO
NextBrue of North Dakota Insurance Company	Nextblue LLC	100 .000 %	JNU		INEXTBILLE OF NORTH DAKOTA HISUTANCE COMPANY	49.000 %	J
Warmant Direction Land	Variable Direction 110	400 000 %	NO.	Blue Cross Blue Shield of Michigan Mutual	O to	F4 000 W	NO
Vermont Blue Advantage, Inc	Vermont Blue Advantage LLC	100.000 %	NONONO	Insurance Company	Covantage Health PartnersBCBS of VT Grp	51.000 %	NONO
Vermont Blue Advantage, Inc	Vermont Blue Advantage LLC	100 . 000 %	NU	Blue Cross Blue Shield of Vermont	BUBS Of VI Grp	49.000 %	NU
				Blue Cross Blue Shield of Michigan Mutual			
Wellmark Advantage Health Plan, Inc	Wellmark Advantage Holdings, LLC	100.000 %	NO	Insurance Company	Covantage Health Partners	51.000 %	NO
Wellmark Advantage Health Plan, Inc	Wellmark Advantage Holdings, LLC	100 . 000 %	NO	Wellmark, Inc	Wellmark, Inc	49.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
Blue Cross Complete of Michigan LLC	Michigan Medicaid Holdings Company	50.000 %	NO	Insurance Company	Insurance Company	50.000 %	NO
Blue Cross Complete of Michigan LLC	AmeriHealth Caritas Health Plan	50.000 %	NO	IBC MH LLC	Independence Health Group Inc	50.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Michigan, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Michigan, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	_ IBC MH LLC	Independence Health Group Inc	61.300 %	NO
-				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Texas, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Caritas Texas. Inc.	AmeriHealth Caritas Health Plan	100.000 %	NO.	IBC MH LLC.	Independence Health Group Inc.	61.300 %	NO.
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
Select Health of South Carolina Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company.	Insurance Company	38.700 %	NO
Select Health of South Carolina Inc.	AmeriHealth Caritas Health Plan	100.000 %	NO.	IBC MH LLC.	Independence Health Group Inc	61.300 %	NO.
co.co. nourth or couth ouroring mo				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Florida, Inc.	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Caritas Florida, Inc.	AmeriHealth Caritas Health Plan	100.000 %	NONO.	IBC MH LLC.	Independence Health Group Inc.	61.300 %	NO NO
Amor mourth our itus i fortua, IIIo			JNU	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual	01.300 //]JNO
AmeriHealth Caritas New Hampshire, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	
Amerille alth Caritae New Hampshire Inc	AmeriHealth Caritas Health Plan	100.000 %	NONO	Insurance company	Independence Health Group Inc.	61.300 %	NO
AmeriHealth Caritas New Hampshire, Inc			NU	IDU WIT LLU.	Independence nearth Group Inc.	01.300 %]JNU
Amoutilealth Contton Lautaton Lau	Amenillanish Conisson Herital Dies	400 000 %	AIO.	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual	20 700 0	NO
AmeriHealth Caritas Louisiana, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Caritas Louisiana, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	. IBC MH LLC	Independence Health Group Inc	61.300 %	NO

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of	Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1		U.S. Insurance Groups or Entities	Ownership Percentage (Columns 5	Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
	'		, , , , , , , , , , , , , , , , , , ,	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		` ′
AmeriHealth Caritas District of Columbia, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Caritas District of Columbia, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	JIBC MH LLC	Independence Health Group Inc.	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas North Carolina, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Caritas North Carolina, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	.JIBC MH LLC	Independence Health Group Inc	61.300 %	N0
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas New Mexico, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Caritas New Mexico, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	IBC MH LLC	Independence Health Group Inc	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Ohio, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
AmeriHealth Caritas Ohio, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	IBC MH LLC	Independence Health Group Inc	61.300 %	NO
Community Behavioral Healthcare Network of				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
Pennsylvania, Inc	. AmeriHealth Caritas Health Plan	100 . 000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
Community Behavioral Healthcare Network of							
Pennsylvania, Inc	. AmeriHealth Caritas Health Plan	100 . 000 %	NO	. IBC MH LLC	Independence Health Group Inc	61.300 %	NO
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
		%				%	
						%	
		%				%	
		1				1	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

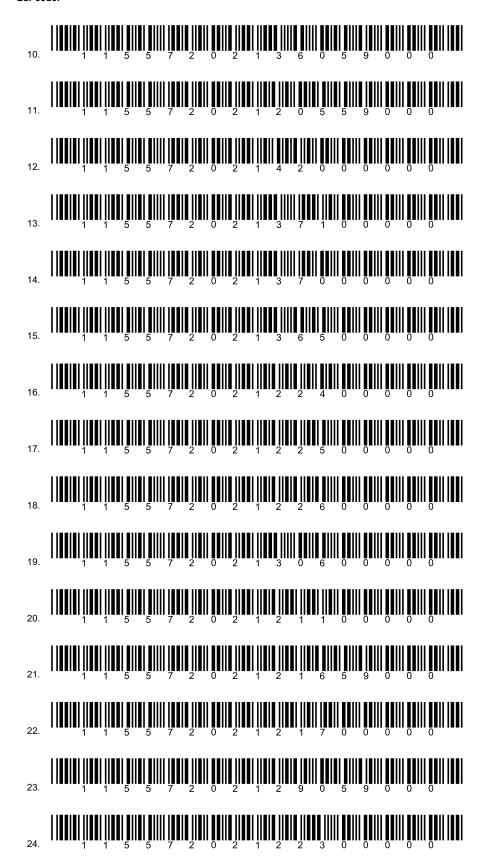
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.		YES
3.		YES
4.		YES
_	APRIL FILING	VEC
5.		YES YES
6. 7.		YES
	JUNE FILING	
8.		YES
9.		YES
Howe	illowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cove ver, i <mark>n the event that your company does not transact the type of business for which the special report must be filed, your response o</mark>	f NO to the specific
	ogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your compa ver reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	any but is not being filed for
	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO
14.		NU
	domicile and electronically with the NAIC by March 1?	N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
16.	•	N0
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	NO
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	N0
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	N0
Evnla	nation:	
•		
10. BL	usiness not written	
11. Bu	usiness not written	
12. Bu	usiness not written	
13. Bu	usiness not written	
14. Bu	usiness not written	
15 Rı	usiness not written	
16. BL	usiness not written	
17. Bu	usiness not written	
18. Bu	usiness not written	
19. Bu	usiness not written	
20. Bu	usiness not written	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Business not written
- 22. Business not written
- 23. Business not written
- 24. Business not written

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2504. Deposits	51,518	51,518	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	51,518	51,518	0	0

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. PCMH Passthrough Expense		3,515,136	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	3,515,136	0

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Donations.	114,368	0	114,368		228,736
2505. Purchased Services.	6 , 153	0	71,645		77 , 798
2506. Interest Expense.	0	0	856		856
2507. Penalties.			1,972		1,972
2508. Passthroughs			(6,512,035)		(6,512,035)
2597. Summary of remaining write-ins for Line 25 from Page 14	120,521	0	(6,323,194)	0	(6,202,673)

M016 Additional Aggregate Lines for Page 16 Line 25. *EXNONADMIT - Exhibit of Nonadmitted Assets

EXTIGITION EXTINCT TOTAL MILES OF THE FIRST CONTROL			
	1	2	3
	Current Year Total	Prior Year Total	Change in Total Nonadmitted Assets
	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 – Col. 1)
2504. Deposits.	51,518	51,518	0
2597. Summary of remaining write-ins for Line 25 from Page 16	51,518	51,518	0

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13. *ANAOPS - Analysis of Operations by Lines of Business

7 ii ii (O) O 7 ii idiyolo o. Opordiiono by Einloo o. Edoinoo	•									
	1	2	3	4	5		7	8	9	10
						6				
		Comprehensive				Federal Employees	Title	Title		
		(Hospital &	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
	Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Health	Non-Health
1304. PCMH Passthrough Expense.	3,515,136							3,515,136		XXX
1397. Summary of remaining write-ins for Line 13										
from page 7	3,515,136	0	0	0	0	0	0	3,515,136	0	l xxx